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ABSTRACT

The CHALLENGE program was designed to increase elementary school children's likelihood of reaching their potential in an at-risk environment and, ultimately, to decrease the rate of their victimization or social and personal disfunction. The CHALLENGE curriculum focuses on increasing children's ability to think, solve problems, make effective decisions and choices, communicate, assert themselves, manage personal behavior and choices, develop support networks, develop self-esteem, take personal responsibility for actions and behavior, and set and work toward goals. Two of the four schools involved in the CHALLENGE pilot test received a child abuse prevention curriculum, the Safe Child Program (SCP), the previous year. Role playing was used to measure behavioral change, and tests of knowledge and attitudes, self-esteem, and locus of control were administered. The study sample included 53 boys and 54 girls in kindergarten and 1st, 2nd, and 3rd grades at two urban and two suburban elementary schools. Control groups consisted of 50 boys and 40 girls. Treatment groups receiving the CHALLENGE training contained children at significantly higher risk than the control groups. The treatment groups improved significantly more than the children not receiving training, regardless of prior exposure to the SCP. CHALLENGE had the greatest impact on the children at greatest risk. Teachers were eager to use the program with other children, and parents reported improved communication with their children. (AC)

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REACH & CHALLENGE: Evaluating the Effectiveness of Programs for At-Risk Youth

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In the 30 years since C. Henry Kempe brought child abuse to national attention, the magnitude of the problem has become all too clear. Prevention, intervention and treatment efforts have flourished, but they have not, for the most part, found their way into mainstream systems. The most fortunate outcome of focusing on the problem of child abuse and its pervasive effects is the expanded awareness of the need for prevention of a multitude of problems facing youth and families today, inclluding substance abuse, teen pregnancy, HIV/AIDS, illiteracy, juvenile delinquency and others. At the same time, while we now recognize that there are more and more children at varying levels of risk for abuse, and that failure to intervene results in expensive and painful social and personal dysfunction, we have not yet found a way to realistically and effectively address these problems within the constrainst of existing resources.

And the problem has broadened. In addition to the recognized need for prevention of child sexual, emotional and physical abuse, prevention of abduction by strangers and family members has been targeted in the past few years. Prevention of substance abuse is presently a national priority; and prevention of early sexual activity and unwanted pregnancies, as well as the increasing recognition of AIDS as a risk factor, have served to dramatize the need to delay the onset of sexual activity and to increase the level of responsibility in sexually active young adults.

What has not been generally recognized to date is the overall inter-relatedness of many of these problems. There are direct and well-established links between abuse and feelings of low self-esteem and powerlessness, on the one hand, and between abuse and other forms of social dysfunction, such as substance abuse, interpersonal violence, and dropping out of school -- to name but a few -- on the other hand.

As understanding has increased about the many areas of risk facing young children, the pressure on parents and schools to find solutions has reached back-breaking proportions. Only by recognizing the overall inter-relatedness of the problems and the pervasive role of low self-esteem in virtually all areas of

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dysfunction can we create viable opportunities to address this range of problems in a holistic and powerful way and to engage public support by presenting a model which can make a mass of problems manageable. If the public and the schools can see a realistic and economically viable way to address this problem, it is likely that they will take the necessary steps to intervene and treat children who may be at risk.

GENERAL SCIENTIFIC/TECHNOLOGICAL AIMS OF THE PROJECT:

Learning is the goal of our educational system; however, learning to cope, which is a key factor in the development of competence and positive self-image among children, is not so clearly part of the curriculum. This is all the more the case when we consider how little time is spent in school ensuring that children actually can effectively act on their own behalf when confronted with interpersonal situations characterized by stress or risk.

The goal of this project is to begin the development and evaluation of a two curriculua (REACH & CHALLENGE) for use with elementary, junior and senior high school children intended to reduce their risk to abuse and self-destructive behaviors. Based on standardized classroom instruction, with a strong emphasis on role-playing as a learning technique which is responsive to the multi-faceted risks young people face, the Curriculua objectives are to increase the children's ability to demonstrate personal safety skills, communication, decision-making and facility in calling upon other resources. It is hypothesized that these skills, paired with higher self-esteem, decrease their risk to abuse, victimization and/or dysfunctional behavior.

Previous efforts by the authors involved testing The Safe Child Program (SCP) specifically targeting prevention of child sexual, physical and emotional abuse with children in grades K-3. This project provides an opportunity to build on previous efforts by broadening the focus in the CHALLENGE Curriculum and evaluating its effectiveness.

The new Program is designed to develop a range of resources which will increase the child's likelihood of reaching his or her full potential in an at-risk environment and, ultimately, decreasing the rate at which children are victimized and/or exhibit social and personal dysfunction.

The content area skills aim to increase the children's ability to:

* think, problem-solve, make decisions and choices effectively
* exercise effective communication and assertiveness
* manage personal behavior and choices
* develop and sustain resources for support and nurturance
* develop and maintain high self-esteem
* take personal responsibility for actions and choices
* set goals and work toward them with flexibility

* prevent child abuse: sexual, physical and emotional

The hypothesized success of this approach to intervention lies in teaching children with innovative and age-appropriate techniques, including the use of of roleplay and simulations to facilitate actual learning and application of skills. On a more longterm basis, this project is the first step in seeking to provide the educational community with a basis for considering the implementation of a more multi-faceted, cost-effective and time-efficient approach to the many risks facing children, rather than attempting to prevent each problem singularly.

The scientific aims of this project included determining:

1. the overall effect of the curriculum on behavior as measured by Roleplay,
2. the spill-over effect, if any, from previous instruction in personal safety skills,
3. cumulative effects, if any, of exposure to multiple parts of the curriculum, and
4. the relationship of self-esteem (associated with risk in previous work) to the ability to learn and demonstrate new skills.

Additional areas of investigation included:

5. the viability of creating instrumentation for use as a "measure of risk" and establishing relationships, if any, between risk and the ability to learn and demonstrate new skills,
6. the relationship of self-esteem/risk to the child's learning curve, spill-over effect and cumulative learning, and
7. the perceived value of the program to parents and teachers.

EVALUATION AND RESULTS

The CHALLENGE Curriculum was written to include the content areas cited above, pilot-tested and empirically evaluated using four schools, two of which had received the child abuse prevention curriculum (SCP) in the previous school year. The evaluation was based on the classical experimental research design utilizing pre- and post-testing of comparison groups. Roleplay was used to measure actual behavioral change attributable to the intervention. (Human subjects approval had been obtained for all protocols.) In addition, tests of knowledge/attitude, self-esteem and locus of control were administered.

An instrument was created and piloted to assess risk based on classroom teacher observations and knowledge. Parents and teachers were invited to provide general input throughout the Program and to provide an evaluation, personal comments and observations upon conclusion of the Program.

Student samples were selected, in cooperation with school officials and parents, to satisfy sample requirements and to represent a demographic, age and ethnic cross-section of children

from those schools. In order to avoid contamination, each group was represented by a different school. Actual child participants were self-selected to the extent that parents were required to agree to their child's participation in the evaluation.

When the final sample was compiled and the groups were compared at pretest, the treatment groups were found to contain children who would be considered to be at significantly higher risk than those in the control groups. This occurred because teachers were aware which would be treatment and which would be control schools. Believing that the Program held the possibility of making a difference for at risk children, teachers indicated that they had made a special effort to get parents of higher risk children to participate. Because we were more interested in assessing change attributable to the preconditions and the Program rather than comparing groups directly, the difference in group composition not only did not create a problem, in some ways it created a heightened opportunity to match need with benefit.

Composition of Groups

Group #1:Treatment #1 Received prior prevention (SCP) and CHALLENGE life skills training
Control #1 Received prior prevention training (SCP) but no CHALLENGE life skills
Group #2:Treatment #2 Received no prevention (SCP) training, did receive CHALLENGE life skills
Control #2 Received no training at all

Description of Sample

	Treatment	Control	Total
Rural Schools	1	1	2
Suburban Schools	1	1	2
Boys	53	50	103
Girls	54	40	94
Kindergarten	9	16	25
1st	41	45	86
2nd	49	23	72
3rd	8	6	14
Total participants before attrition			197

Ethnic breakdown of the sample corresponded with the approximate percentages of the total U.S. population.

This project took place in four schools according to the table below:

	Received SCP Prevention Training	Pretest	CHALLENGE Training	Post-test
Treat #1 (n=41)	X	X	X	X
Control #1 (n=28)	X	X		X
Treatment #2 (n=58)		X	X	X
Control #2 (n=47)		X		X

Total n=174*

(* The number of children participating at the conclusion of the pretests was 188. This N represents those children who were present for all phases of the evaluation. Percentage of attrition was 7.4%)

ANALYSIS OF FINDINGS

OBJECTIVE #1: Determine the Overall Effect of the CHALLENGE Life Skills Curriculum on Behavior

Method of Analysis: Compare the change in pre- to post-test Roleplay scores of all treatment group children to that of all control group children.

Discussion:

Pre- to Post-Test Mean Change on Roleplay Scores

	hange	t-value	p-value
Treatment #1 (n=41)	2.37		p<.001
Treatment #2 (n=58)	3.43		p<.000
Control # 1 (n=28)	.79		p<.145
Control # 2 (n=47)	.62		p<.014
Treatment #1 & #2 (n=99)	2.99	-5.52	
Control #1 & #2 (n=75)	.68		

This difference demonstrates that the treatment groups, receiving the CHALLENGE training, improved significantly more than the children not receiving training, regardless of prior exposure to the SCP child abuse prevention training. This difference in performance is significant at p<.001, which supports the hypothesis that with participation in the CCHALLENGE Program children can and do learn new behavioral skills which are attributable to the programming.

The significance of this change in behavior lies in the child's demonstration, through the Roleplay, of the ability and willingness to speak up in the face of discomfort, bribery, coercion and intimidation. This behavioral change embodies communication, assertiveness, decision-making and self-esteem, all of which are hypothesized to be associated with reduction of risk to abuse and personal dysfunction.

OBJECTIVE #2: Determine the Spill-Over Effect of Previous SCP Curriculum on Behavior

Method of Analysis: Compare the pretest Roleplay scores of all children in treatment and control groups #1 (those who had previous prevention program) to those of all children in treatment and control groups #2 (those who did not have previous training).

Discussion:

In order to be clear about the singular or combined effects of the SCP and the new CHALLENGE Program in terms of behavioral change, it is important to analyze the pretest scores of Group #1, who had previous prevention training, and Group #2, who did not, as in the table below:

Mean Scores to Determine Spill-Over Effect

	Group #1			Group #2		
	Treat. #1	Cont. #1	Combined	Treat. #2	Cont. #2	Combined
Pretest	5.37	6.61	5.99	3.86	3.40	3.63
Simulation						

The difference in pretest scores for those children who had previous SCP training indicates that they began with a higher demonstrated skill level than those with no previous training. This will be important in the analysis of cumulative effects which follows.

OBJECTIVE #3: Determine the Cumulative Effect of CHALLENGE Curriculum on Behavior

Method of Analysis: Compare the change in pre- to post-test Roleplay scores of children in Treatment #1 (received prior training) to that of Treatment #2 (received no prior training).

Discussion:

Cumulative effects of the CHALLENGE Curriculum on behavior was determined by comparing changes from pre- to post-test on the Simulation/Roleplay for children in the two treatment groups. In treatment group #1, which received both the SCP and CHALLENGE training, actual change attributable to prevention and life skills programming = 3.93, compared with treatment group #2, where change = 3.43.

Cumulative Effects of Program(s) on Behavior

	SCP Pretest (last year)	CHALLENGE Pretest (SBIR Phase 1)	Post-Test	Actual Change
Treatment #1 (received SCP)	3.80	5.37	7.73	3.93**
Treatment #2 (no prior program)		3.86	7.29	3.43**

** $p<.001$

This finding supports the hypothesis that the CHALLENGE training, in addition to the SCP, maximizes the value to the children, although it must also be considered a possibility that the higher score of Treatment #1 is attributable to the redose effect, that is, having programming a second time. (This effect, while different, would also be highly desirable in a Curriculum which is presented year after year as is the plan for the Curriculum being developed.)

OBJECTIVE #4: Determine the Role of Self-Esteem

Method of Analysis: Repeat analyses 1-3 substituting self-esteem scores for Simulation/Roleplay scores. Then, repeat analysis 1 controlling for self-esteem score

Mean Change on Self-Esteem Scores Pre- to Post-Test

	Change	T-value	p-value
Treatment #1 & #2 (received life skills)	.87		
Control # 1 & #2 (did not receive life skills)	.19		
		1.32	.19

Mean Scores to Determine Spill-Over Effect of Self-Esteem

	Group #1			Group #2		
	Treat #1	Cont #1	Combined	Treat #2	Cont #2	Combined
Pretest Self-esteem	22.50	24.00	23.25	20.60	21.34	20.97

The pretest scores of Group #1 (received prior SCP) reflects higher self-esteem scores which were, in the previous work, attributable to the intervention.

Cumulative Effects of Program(s) on Self-Esteem

	Actual PreTest (last year)	Life Skills Pretest (Phase 1)	Post-test	Actual Change
Treat #1 (received prior program)	21.30	22.5	21.97	.67
Treat #2 (no prior program)		20.6	21.3	.71

Discussion:

Changes in self-esteem scores have been closely associated with risk in previous efforts. While changes with this instrumentation were not significant for any groups in this pilot project, the role of risk (which had been the principal purpose of using the self-esteem instrumentation in past efforts) was measured with new instrumentation developed as a part of this project.

MEASURE OF RISK

The "measure of risk" instrument created and piloted in this project includes items concerning classroom performance and attitude such as: disruptive in class, withdrawn, fearful, dependent, poor concentration, poor hygiene, specific academic problems, and language deficits. Other known factors from the child's environment such as child abuse, death in the family, malnutrition, etc., are also rated. Each of the items received a rating of 0=no problem, 1= mild problem, 2=serious problem and 3=very serious problem. The total of the ratings of the classroom teacher established the risk score. The risk scores for all children ranged from 1 to 76.

Equating the pretest risk scores with pretest levels of self-esteem indicated that there is a direct correlation between the mean level of risk and the mean level of self-esteem for each school factoring in the effect of prior programming on self-esteem scores coming into this project. Within groups, those who had the prior SCCP and those who did not, the relationship of self-esteem to risk held. That is to say, those children with the lowest level of self-esteem had the highest risk scores and those who had previously participated in the SCP evidenced less risk.

Shown below are the mean risk scores for each school compared to change scores on the roleplay. These groups were not matched and the differences in risk reflect the incoming nature of the group. As explained earlier, the higher level of risk in the treatment schools is attributable to the teachers encouragement of parents of known at risk children to have their children participate. What should be noted is the degree of benefit in the program based on the degree of incoming risk.

Mean Risk to Mean Change Scores (Treatment Groups Only)

	Mean Risk Score	Mean Change Score
Suburban 1 (N= 28)	2.0	.79
Suburban 2 (N=47)	2.5	.62
Rural (N=41)	8.0	2.37
Inner City (N=58)	14.0	3.43

Most simply stated, this table tells us that the programming provided to the children had the greatest impact for those children at the greatest risk. The importance of this cannot be stated too strongly. Allocation of resources must reflect attenuation of need. That is to say, intervention only makes a real difference when risk is present. Given the level of problems we are trying to prevent, it is not a good use of resources to provide service where the provision of service makes no substantive difference.

ADDITIONAL FINDINGS:

This project included a qualitative evaluation component. Parents (33) and teachers (12) were informally interviewed (usually before and after the last few sessions) and given an opportunity (through a written survey) to provide feedback on the Program and its effect on the participating children. Teachers were consistently supportive and eager to have the Program available for use with all of their children. They felt they could use the Program with minimal training (2 - 3 hours). Their subjective reports were strongly supportive of the empirical evidence presented above.

This is a significant finding because these teachers are the very people who will be called upon to implement the program from year to year. Their support and perception that it will benefit the children they believe to be most at risk cannot be undervalued. For example, two teachers reported that the children in their rooms began to build a network of support for those individuals most at risk. This peer support resulted in greater opportunities for positive experiences for the at-risk child, a corresponding gain in self-esteem, and an increased ability to be successful in classroom and learning situations. This, in turn, generated teacher enthusiasm and a greater sense of "making a difference."

Parents reported a consistently higher level of communication with their children, particularly in their children's willingness to express feelings and to discuss problems. They also reported that their children took more responsibility for themselves at home. This was reflected in simple, but significant, activities such as making their beds, cleaning their rooms, packing their own lunches for school and more appropriate and supportive interactions with siblings.

SUMMARY

The results of this pilot project, with the introduction of a new measure for assessment of risk and the CHALLENGE Program which combines personal safety training with broader behavioral and attitudinal skills, tells us clearly that we can make a measurable and statistically significant difference for all children, but, most importantly, those children at the greatest risk.

As indicated in the introduction, there is a well established link between abuse and feelings of low self-esteem and powerlessness, on the one hand, and between abuse and other forms of social dysfunction, like substance abuse, interpersonal violence and dropping out of school -- to name but a few -- on the other hand.

This pilot project has begun the process of creating a school-based curriculum and demonstrated it's ability to change children's behavior in a positive direction -- directly associat-

ed with reducing risk to abuse -- and to increase children's ability to demonstrate important related skills such as assertiveness, communication, decision-making and asking for help. It has laid the groundwork for the refinement of instrumentation which measures risk and value received from intervention.

These preliminary results direct us to further develop the Curriculum and to refine the evaluation techniques toward the end of making effective prevention and life skills training accesssible for those children most at risk.

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